

NAVAL HOSPITAL, CAMP PENDLETON, CA		
NAME (Last/First/MI)	Rank/Rate/Grade	SSN
Home Address (Number/Street/City/State//Zip Code)	Dept:	Work Phone:
Title of Course or Reason for Travel (Attach course brochure)	Travel Date of TAD:	Course Dates:
Location of TAD:	Funding Dept JON Number, MANDATORY:	
Type of Funding Requested: Fees Only <input type="checkbox"/> Full <input type="checkbox"/> Authorization Only <input type="checkbox"/>	Amount of Fees:	Date Fees Needed By:
Mode of travel: Air (GTR) <input type="checkbox"/> POV <input type="checkbox"/> Government Vehicle <input type="checkbox"/> Other <input type="checkbox"/>	Request Daily Commute: N	Request Rental Car: N
Request Advance Per Diem? N Requires 2-3 weeks for processing, non-frequent/nonAMEX only	Government AMEX Card Holder? N	
Requesting Leave? (Military Only, must submit leave request, NAVCOMPT Form 3065)		
From: (time/date): To (time/date)		
Requester's Signature/Date: _____ / _____ (Your signature indicates you have read and understand the TAD policy and procedures statement)		

FOR TAD DESK USE ONLY	
Does this member have any unliquidated previous TAD? Y N	Are BEQ/BAQ accommodations available? Y N
Transportation Cost:	\$
Lodging at \$ times days	\$
Meals at \$ times days	\$
Miscellaneous Expenses (specify)	\$
Fees:	\$
Total Estimate:	\$
TAD Clerk Signature	Date of Signature:

Approved	Disapproved	Watchbill Coordinator Signature:	Date
		Department Head Signature:	
		Director Signature:	